

Director's

Performance Contract ***FY 2004-2005***

**Indian Health Service
Department of Health and Human Services**

Charles W.Grim, D.D.S., M.H.S.A
Director

April 12, 2005
FINAL

Introduction

The purpose of this performance contract is to identify the critical objectives that I am accountable for meeting during the stipulated performance period. These objectives are organized and linked to Department program objectives and management objectives, and linked to IHS's strategic goals. In turn, my objectives shall be linked directly to all IHS's senior leadership performance objectives, detailed in their individual performance plans. We will then cascade and link performance contracts at all levels throughout the organization in the following fiscal year. Also, this contract is developed in the context of the mission and goal of IHS, and our management framework shown on the next page.

Performance Period:

October 2003 through September 30, 2005

Internal Review Dates:

- June 30, 2004
- September 30, 2004
- December 31, 2004
- March 31, 2005
- June 30, 2005
- September 30, 2005

Reporting Period:

- September 30, 2004
- September 30, 2005

This contract contains performance objectives that are aligned with Department program objectives and management objectives and provides the agency with the ability to address GPRA requirements and PART evaluation requirements.

Internal review dates are established to ensure I am on track and focused on the critical areas IHS must address during the performance period. They also reflect the fact that this is the first time performance contracts are being implemented for both myself and all senior executives at IHS using this revised format. Therefore reviews will be necessary to make appropriate adjustments and refine this contract. Further, this performance contract contains

both outcome and process or developmental type performance objectives. As we achieve the process and developmental objectives they can be redressed to focus on outcomes.

IHS's Mission

In partnership with American Indian and Alaska Native people, raise their physical, mental, social, and spiritual health to the highest level.

IHS's Goal

To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

IHS Strategic Goals

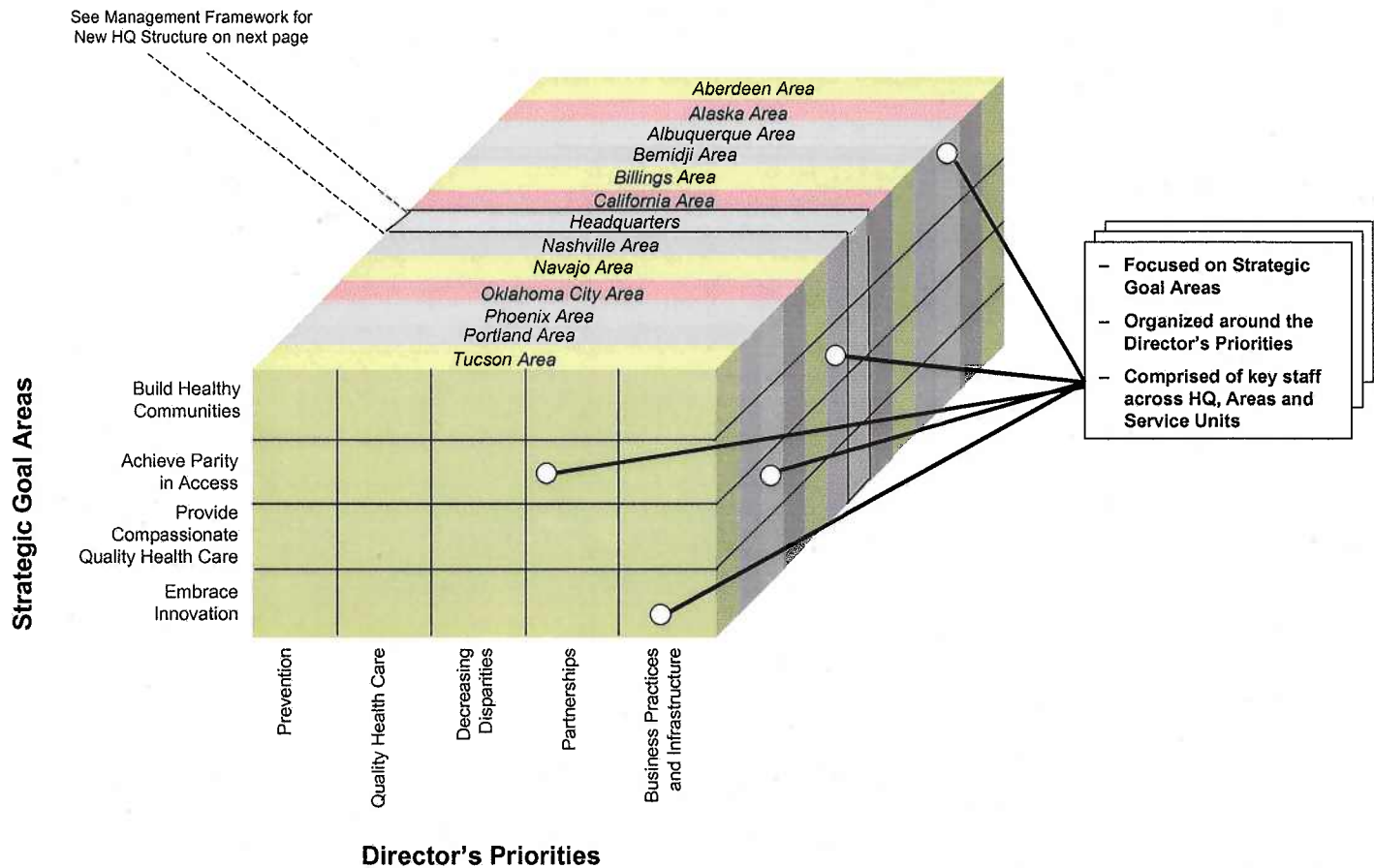
**Build
Healthy
Communities**

**Achieve
Parity in
Access**

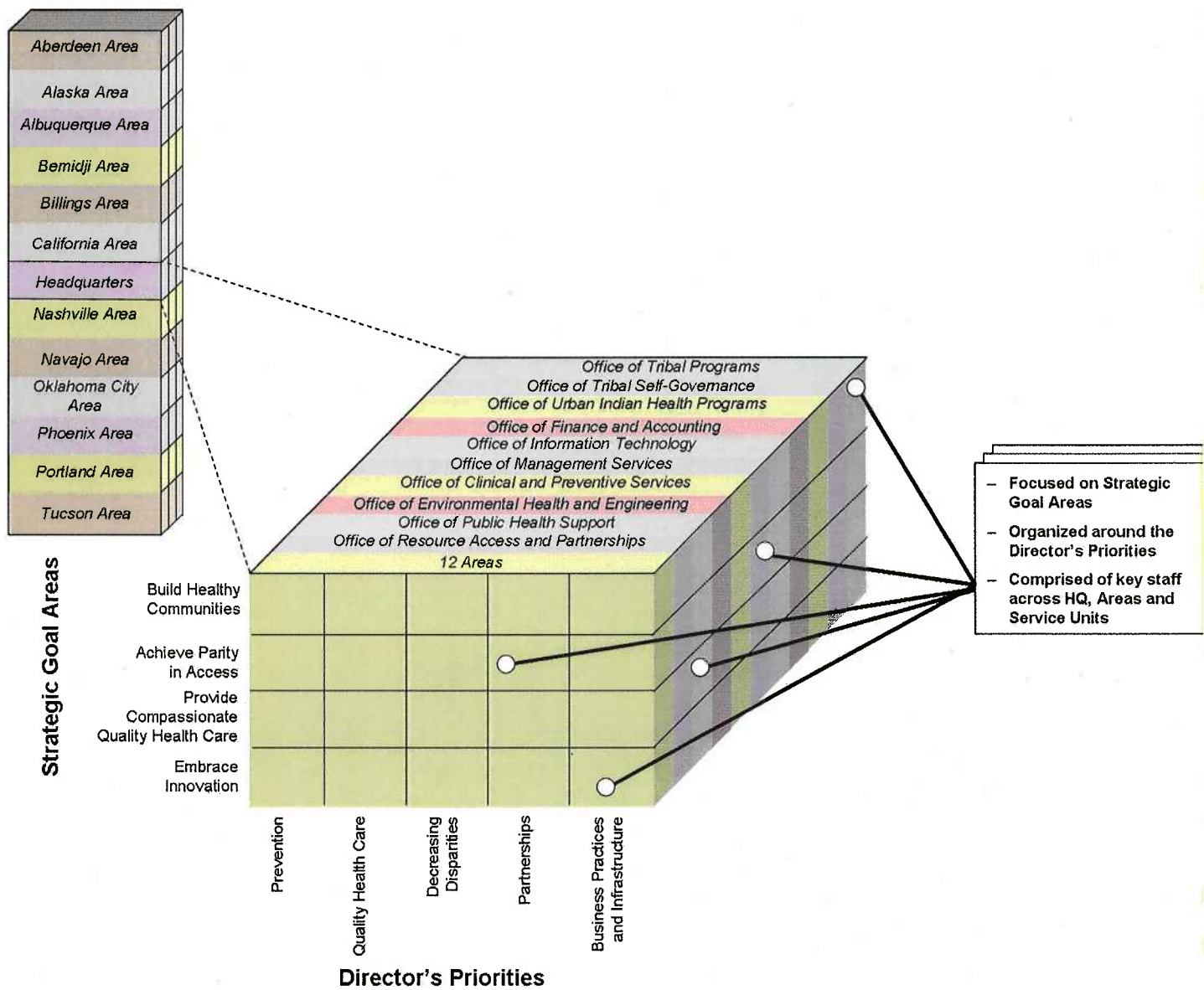
**Provide
Compassionate
Quality Health Care**

**Embrace
Innovation**

IHS's Management Framework



New HQ Structure



Program Objectives

	And these Department Goals...										Are supported by IHS Strategic Goals...				
	Increase access to health care	Expand consumer choices in health care and human services	Emphasize preventive health measures	Prepare for and effectively respond to bio-terrorism and other public health emergencies	Improve health outcomes	Improve the quality of health care	Advance science and medical research	Improve the well-being and safety of families and individuals, especially vulnerable populations	Strengthen American Families	Reduce regulatory burden on providers, patients, and consumers of HHS' services	Build Healthy Communities	Achieve Parity in Access	Provide Compassionate Quality Health Care	Embrace Innovation	
These IHS Priorities...	1	2	3	4	5	6	7	8	9	10	1	2	3	4	Which drive My Performance Objectives...
Prevention	•		• •		• •	•		•			■ ■		■	■	<ol style="list-style-type: none"> 1. Build infrastructure and capacity to support implementation and evaluation, as appropriate, of the Director's Health Promotion/Disease Prevention (HPDP) initiative by the end of FY05. 2. Apply earmarked dollars to fund cooperative agreements among American Indian/Alaska Native (AI/AN) communities to build injury programs by the end of FY05.
Quality Health Care			• • ■		• • • •	• • • •	•	•					■ ■ ■ ■ ■	■ ■	<ol style="list-style-type: none"> 3. Maintain 100% accreditation of hospitals and clinics during FY04 and FY05. 4. Develop the electronic health record during FY04 to enable clinical practitioners to make safer more informed decisions and diagnoses. Deploy the electronic health record in 20 facilities by Q4 FY05. 5. Develop and deploy an interim behavioral health management information system software (GUI) to improve technology access, data trending and research capabilities by Q2 FY04. 6. Develop and deploy the integrated behavioral health component of the electronic health record in FY05. 7. Complete deployment of a standardized medication-error reporting system in Q4 FY04 as part of a comprehensive patient safety program. Develop a plan by the end of FY05 for the deployment of a medical-error reporting system as part of a comprehensive patient safety program.

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Decreasing Disparities			■ • •		■ • •	• •		• •	• •		■ ■ ■		■ ■ ■		8. Develop the national suicide surveillance system for AI/AN by the end of FY04 and deploy system by the end of FY05. This will drive specific programming and longer-term reduction of suicide. 9. Develop strategies and tools to increase the capacity in AI/AN communities to increase the quality of care for chronic disease (e.g., diabetes, obesity, heart disease) regarding long-term care management, case management, and treatment management during FY04 and FY05. 10. Design an injury data system by the end of Q4 FY04 to track injury prevention activities and projects in order to identify impact and results of activities and projects in AI/AN communities. Begin to implement system in FY05.
Partnerships	• •		• •		• •	• •	• •		• •		■ ■	■ ■	■ ■	■ ■	11. Increase the number of Headquarters partnerships, alliances, and collaborations by 10% above FY03 in the areas of disease prevention, health disparities and health infrastructure by the end of FY05. 12. Establish baselines for partnership, alliances and collaborations for each Area by the end of FY04 and increase by 10% by the end of FY05.

Program Objectives

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Business Practices and Infrastructure	• • •	•		•		•			•	•	■	■ ■	■	■	13. Validate all HQ and Area office location emergency management plans by the end of FY04. Develop and implement hospital and clinic emergency management plans by the end of FY05. 14. Exceed FY03 third party collections through collaboration with CMS. 15. Ensure accountability for IHS business plan implementation during FY04 and FY05. 16. Establish a seamless infrastructure between HQ and area offices by the end of FY05 for the development, transition, and contractual oversight of tribal administered programs so that IHS meets its responsibilities under the Self Determination Act.

Management Objectives

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	Build Healthy Communities	Achieve Parity in Access	Provide Compassionate Quality Health Care	Embrace Innovation	
	1	2	3	4	
Implement Results-Oriented Management	■ ■ ■	■ ■	■ ■ ■	■ ■ ■	<ol style="list-style-type: none"> 1. Create meaningful, results-oriented performance contracts for all IHS employees. 2. Establish long-term outcome goals and annual target and report progress in achieving goals and targets in the annual performance budget. 3. Achieve a 10 percent increase in program performance over the next 3 years: increasing screening for domestic violence in females ages 15 through 40, from 4.0% in FY 2004 to 4.4% in FY 2007; increasing pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older, from 68.8% in FY 2004 to 76% in FY 2007; and increasing the screening rate for alcohol use in women of childbearing age from 7.0% in FY 2004 to 7.7% in FY 2007.
Implement Strategic Human Capital Management				■ ■ ■ ■	<ol style="list-style-type: none"> 4. Develop and implement a 4 year (2005 – 2008) OPDIV-specific human capital strategy to assist managers with succession planning activities. Meet identified goals, FY 2005 milestones, and action items. 5. Reduce average hiring time for SES and all other position by 50% in FY 2005 working toward the OPM established targets of 30 days for SES and 45 days for all other positions. 6. Implement streamlined EEO structure by September 30, 2005. 7. Support development of a single Departmental performance appraisal system for managers and implement by August 2005.
Improve Grants Management Operation and Oversight	■		■	■ ■ ■ ■	<ol style="list-style-type: none"> 8. Replace the IHS Grants legacy system, IGEMS, with GATES, by September 30, 2005. 9. Meet IHS-specific goals established by HHS: posting 3 grant application packages on Grants.gov "Apply" and achieving 70 electronic application submissions by September 30, 2005. 10. Decrease the number of sole source awards by 10 percent. 11. Submit corrective actions, in response to finding resulting from Grant Program Reviews, to OGMP/ASAM within 45 days of issuance of the final report.

Management Objectives

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Complete the Competitive Sourcing Program				<ul style="list-style-type: none"> ■ ■ ■ 	12. Complete the FAIR Act inventory and Reason Code A justifications to ASAM/OCS by April 29, 2005. 13. Submit timely quarterly status reports to ASAM on status of FTEs transferred under Indian Self Determination Act Awards. 14. Respond to Tribal governments' request for "outsourcing" IHS programs under Indian Self-Determination awards within required statutory timeframe of 90 days.
Improve Information Technology Management				<ul style="list-style-type: none"> ■ ■ ■ ■ ■ 	15. Initiate implementation of products, services and policy directives yielded by the Enterprise Initiatives, as described in the HHS IT strategic 5 year plan. 16. Improve FISMA security report for FY05, resulting in zero significant deficiencies and a 25% reduction in reportable conditions. 17. Implement automated patch management for 100% of commodity desktop computers and remove "administrator" rights from commodity PC users by September 30, 2005. 18. Implement and test continuity of operations and disaster recovery plans for all "major" systems. 19. Develop concept of operations for "major" systems by September 30, 2005.
Consolidate Management Functions and Achieve Administrative Efficiencies				<ul style="list-style-type: none"> ■ ■ ■ 	20. Increase by a minimum of three, IHS initiation/participation in the consolidation of administrative services and functions. 21. Build on the infrastructure provided enterprise information systems such as by UFMS. 22. Fulfill HSPD requirements through the development of policy and a phased implementation strategy to follow HHS guidance in implementing a new smart card security system throughout the IHS.

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Improve Financial Management		■ ■		■ ■ ■	23. Continue to support the implementation of UFMS in preparation for UFMS implementation in the IHS in FY 07. 24. Address HHS improper payments by updating the program risk assessments for three applicable IHS programs and developing a plan for estimating payment errors for those determined to be high risk. 25. Reduce by 30% the number of audit cases over 1 year needing a management decision. 26. Take final action on audit management decisions and reduce by approximately 40%. 27. Support HHS consolidation of business (administrative management) systems.
Improve Real Property Asset Management		■ ■ ■ ■ ■ ■ ■	■		28. For FY 2005 Building and Facilities (B&F) Program, deliver all line-item projects within 100% of submitted OMB/congressional budget. Deliver 90% of all line-item projects within submitted OMB/Congressional scope. Remaining projects will be within plus or minus 10% of the OMB/Congressional scope. 29. Facility Project Approval Agreements will be approved by September 30, 2005, by OS, for 80% of FY06 projects budgeted for planning/design with construction budgeted in subsequent year(s) and 90% of FY06 projects budgeted construction. 30. Report facility utilization for at least 60% of IHS facilities using metrics consistent with Federal Real Property Council but customized for HHS. 31. Ensure that facility condition assessment is current (i.e. not more than 5 years old) on 85% of owned facilities. 32. Assess 90% of IHS facilities for mission criticality/dependency. Identify any excess facilities and develop a disposal strategy. 33. Identify historic real property assets and provide documentation HHS by July 30, 2005, for inclusion in HHS Historic Preservation Report. 34. Inventory at least 95% of IHS properties; keep Real Property Inventory up to date and available to meet FRPC and HHS needs.

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	1	2	3	4	
Achieve Efficiencies Through HHS-wide Procurements				■ ■ ■	35. Increase IHS use of the PSC consolidated procurements by at least 40%. 36. Use PSC consolidated purchasing mechanism to purchase 100% of commodity desktop PC's beginning no later than July 1, 2005. 37. Meet the HHS Small Business Contracting Goal established for the IHS.
Conduct Program Evaluations and Implement Corrective Actions for Any Deficiencies Identified				■ ■ ■	38. Implement a systematic approach to program self-assessment , in support of the HHS program evaluation initiative. 39. Systematically track and implement PART recommendations through the performance budget process. 40. Make one or more important organizational improvements to address gaps identified in FY 2003 balanced scorecard surveys of IHS procurement offices and report progress.

...End

Agreement

I hereby commit to achieving these objectives and will hold my employees and myself accountable for developing and implementing the necessary initiatives to produce these results.

Charles W. Gurn, DDS

 Agency Director

 DHHS Chief of Staff